

**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND**  
**EMPLOYEE REPORT**

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>10105</u>	2 Fiscal Year Covered From <u>1 / 1 / 2004</u> Through <u>12 / 31 / 2004</u>
3 Name and address of person filing Name <u>Neal O'Neil</u>  P O Box Bldg Room No. if any  Street <u>3850 S Racine Avenue</u>  City <u>Chicago</u>  State <u>Illinois</u> ZIP Code + 4 <u>60609</u>	4 Name, file number and address of labor organization Name <u>Heat and Frost Insulators Local 17</u>  Labor Organization File Number <u>009-675</u>  P O Box Building and Room Number if any  Street <u>3850 S Racine Avenue</u>  City <u>Chicago</u>  State <u>Illinois</u> ZIP Code + 4 <u>60609</u>
5 Position in labor organization <u>Vice President</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name, if any)  Name  Trade Name, if any  P O Box Bldg Room No. if any  Street  City  State ZIP Code + 4	7 a. Nature of Interest, Transaction or Income          7 b. Amount

**Signature**

15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Neal O'Neil</u>	On <u>8-11-05</u> Date	<u>773 247-8184</u> Telephone Number

Name of Person Filing <b>Neal O'Neil</b>	File Number <b>U</b>
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**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p><b>8</b> Name and address of Business (including trade name if any)</p> <p>Name <b>AMERICAN ATHLETIC SALES</b></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street <b>21938 SARAH DR</b></p> <p>City <b>LAKE VILLA</b></p> <p>State <b>IL</b> ZIP Code + 4 <b>60046</b></p>	<p><b>9</b> Business deals with</p> <p><input checked="" type="radio"/> a Labor Organization</p> <p><input type="radio"/> b Trust</p> <p><input type="radio"/> c Employer</p>
<p><b>10</b> If 9 b or 9 c is checked give trust or employer's name</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box, Bldg. Room No. if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>11 a</b> Nature of such dealing</p> <p>_____</p> <p><b>11 b</b> Approximate dollar value of such dealing</p> <p>_____</p> <p><b>12 a</b> Nature of interest held or income received</p> <p><b>SUPPLY HATS, JACKETS, T-SHIRTS FOR CHRISTMAS PARTY, ST PATRICKS DAY PARADE ECT</b></p> <p><b>12 b</b> Amount. <b>\$1,150.00</b></p>

**C** Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p><b>13 a.</b> Name and address of Employer or Labor Relations Consultant (including trade name if any).</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>14 a.</b> Nature of payment.</p> <p>_____</p>
<p><b>13 b</b> Is the Business an Employer or Consultant ?</p>	<p><b>14 b</b> Amount of payment.</p>

**DISCLAIMER**

The transactions, dealing and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year and some or many items may have been unintentionally omitted.

Neal O'Neil

Signature

8-11-05

Date